

Appl. No. 09/734,752
Amdt. Dated January 26, 2004
Preliminary Amendment

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Warrington et al.

Examiner: A. Spiegler

Serial No: 09/734,752

Group Art Unit: 1637

Filing Date: December 11, 2000

Docket No. : 3308.3

Customer No. : 22886

Title: Genes Differentially Expressed In
Secretory Versus Proliferative
Endometrium

OFFICIAL

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination please amend the subject application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0551-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/734,752	
	Filing Date	December 11, 2000	
	First Named Inventor	Warrington et al	
	Art Unit	1637	
	Examiner Name	A. Splegier	
Total Number of Pages in This Submission	7	Attorney Docket Number	3308.3

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Sandra E. Wells - Reg. 52,349	
Signature	<i>Sandra E. Wells</i>	
Date	1/26/04	

CERTIFICATE OF MAILING			
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